



Woman, Infants and Children (WIC) Healthcare Provider Medical Documentation



Rev. 1/13/2020

Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of a WIC-eligible nutritional product and or changes to their supplemental food package. This form replaces prescriptions from health care providers. Please fax the completed form to the WIC clinic or have your patient return the document to the WIC clinic. Thank you!		WIC Clinic: WIC Contact Name: WIC site phone : WIC site Fax #:671-477-7949 Email: guamwic@dphss.guam.gov	
PATIENT INFORMATION			
Patients name (Last, First, MI):		DOB:	
Parent/Caregiver's name (Last, First, MI):			
HEALTHCARE PROVIDER INFORMATION (Complete <u>ALL</u> applicable information below)			
FOOD PACKAGE MODIFICATION WIC-eligible nutritional product or Soy beverage or cheese and WIC standard supplemental foods (Complete all that apply below)			
<p>1. Additional supplemental foods will be issued for patients over six months of age, unless contraindicated. (Foods to be issued are listed on the back of this form) After reviewing the food packages on the back of this form, check the supplemental food issuance changes, if any, appropriate for your patient:</p> <p><input type="checkbox"/> All: Provide the full WIC food package as allowed for the patient's WIC category</p> <p><input type="checkbox"/> None: Do not provide any WIC foods at this time; issue WIC-eligible nutritional product prescribed only.</p> <p><input type="checkbox"/> Modified: The WIC foods indicated below need to be modified/omitted from my patient's WIC food package.</p>			
WIC Participant Category	WIC supplemental Foods to Omit/Modify		Special Instructions/ Other Restrictions and/or modifications
Infants (6-11 months)	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant meat	<input type="checkbox"/> infant fruit <input type="checkbox"/> regular banana <input type="checkbox"/> infant vegetable	<input type="checkbox"/> continue with 4-5 mo. old food package for 6-11 mo. old infant - (FP III additional) <input type="checkbox"/> other:
Children (12-60 months) and Women	<input type="checkbox"/> Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Eggs	<input type="checkbox"/> Cheese <input type="checkbox"/> Tofu <input type="checkbox"/> Peanut butter	
	<input type="checkbox"/> whole wheat and/or other whole grain prod.		
<p>2. <input type="checkbox"/> Children (12-60 months): Healthcare provider agrees to the issuance of WIC approved Soy beverage as a milk substitute after a complete nutritional assessment by a Guam licensed nutritionist at a rate of 1 qt. soy beverage for each qt. of milk as determined to be appropriate. (Allowable qualifying conditions are milk allergy, severe lactose intolerance, or vegan diet)</p> <p><input type="checkbox"/> Women & Children: Healthcare provider agrees to the issuance of WIC approved cheese as a milk substitute at a rate of 1 pound cheese for each 3 quarts of milk as determined to be appropriate after a complete nutritional assessment by a Guam licensed nutritionist. (see back for maximum allowable milk for substitutions)</p>			
SPECIAL FORMULA REQUEST			
Name of WIC-eligible nutritional product or nonstandard (exempt) formula: _____			
Prescribed amount: <input type="checkbox"/> WIC Maximum Monthly Allowance; <input type="checkbox"/> or lesser amount at _____ per day			
HEALTHCARE PROVIDER (Letters A-E MUST be filled out or it may be rejected)			
A. Medical diagnosis/qualifying condition and ICD-9 code if available:			
(Justifies the medical need-Include ICD-9 code if available) See bottom of back page for conditions and examples			
B. Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo. (reauthorization required every six months unless otherwise approved by WIC nutritionist)			
C. Signature of health care provider:		DATE:	
D. Provider's name (please print):		<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP	
E. Medical office/ Clinic:	Phone #:	Fax #:	
WIC USE ONLY REV: 4/9/2020	Approved by:	Date:	WIC ID:

Guam WIC supplemental Food Packages & Maximum Quantities for Women, Infants & Children receiving WIC-eligible Nutritionals
WIC participants receiving WIC-eligible nutritionals will also be provided the foods listed below, unless they are contraindicated and noted in section B of the medical documentation form. Lesser amounts of infant formula may be given to partially breastfeeding women.

Infants birth through 11 months				
WIC-eligible nutritional:	Infants 0, 1, 2, 3 months	Infants 4, 5 months	Infants 6, 7, 8, 9, 10, 11 months	Infants 6-11 months when solids are contraindicated (fp III)
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 823 fl. oz.	Up to 896 fl. oz.	Up to 630 fl. oz.	Up to 896 fl. oz.
Ready-to-feed	Up to 832 fl. oz.	Up to 913 fl. oz.	Up to 643 fl. oz.	Up to 913 fl. oz.
Infant Foods - Solids may be contraindicated based on medical condition				
Infant Cereal	none	none	24 oz. Infant cereal	Up to 24 oz.
Jar puree fruits & vegetables	none	none	Up to 256 oz. Infant's fruits and vegetables (6-8 mo.) Up to 128 oz. and \$4 fresh fruit/veg. (9-11 mo.)	Up to 128 oz. Infant's fruits and vegetables \$4 fresh fruit/veg.
Jar puree meats	none	none	77.5 oz. Fully breastfeeding only	Up to 77.5 oz. fully BF only
Children 1-4 years (FP III)	Fully Breastfeeding Women (FP III)	Women who are Pregnant or partially breastfeeding (FP III)	Non-Breastfeeding Women (FP III)	
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula	
16 qt. milk	24 qt. milk and 1 lb. cheese	22 qt. milk	16 qt. milk	
1 doz. Eggs	2 doz. Eggs	1 doz. Eggs	1 doz. Eggs	
128 oz. juice	144 oz. juice	144 oz. juice	96 oz. juice	
36 oz breakfast cereal	36 oz breakfast cereal	36 oz breakfast cereal	36 oz breakfast cereal	
\$9 for fruits and vegetables	\$11 for fruits and vegetables	\$11 for fruits and vegetables	\$11 for fruits and vegetables	
18 oz. peanut butter OR 16 oz. dry beans	18 oz. peanut butter AND 1 lb. dry beans	18 oz. peanut butter AND 1 lb. dry beans	18 oz. peanut butter OR 1 lb. dry beans	
2 lb whole wheat bread, WIC approved whole grain products, brown rice	1 lb. whole wheat bread, WIC approved whole grain products, brown rice	1 lb. whole wheat bread, WIC approved whole grain products, brown rice	none	
none	30 oz. tuna, or salmon, or sardines, or mackerel	none	none	

Qualifying Conditions with a Medical Diagnosis:

- Premature birth
- Low birth weight
- Failure to thrive
- Inborn errors of metabolism (such as PKU, galactosemia, Tay-Sachs, etc.)
- Metabolic disorders (such as Wilson's disease, etc.)
- Gastrointestinal disorders (such as IBS, diverticular disease, fissures, hemorrhoids, etc.)

- Malabsorption syndrome (such as carbohydrate intolerance, sprue, chron's, colitis, etc.)
- Immune system disorders (such as asthma)
- Severe food allergies that require elemental formula (cow milk protein allergy, etc.)
- Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients (i.e. diagnose the condition).

(Not solely for the purpose of enhancing nutrient intake or managing body weight)